The singular specificity of Librium in controlling anxiety and tension has proven to be an advantage in a wide range of disorders characterized by anxiety of varying degrees. Notably effective in patients whose symptoms are primarily emotional, Librium is equally valuable when organic disease is aggravated or prolonged by accompanying anxiety. Coupled with its effectiveness is an outstanding record of safety. Librium has few, if any, of the unwanted side effects associated with tranquilizers and daytime sedatives-no extrapyramidal effects, no autonomic blocking, and no dulling of mental alertness. Consult literature and dosage information, available on request, before prescribing.

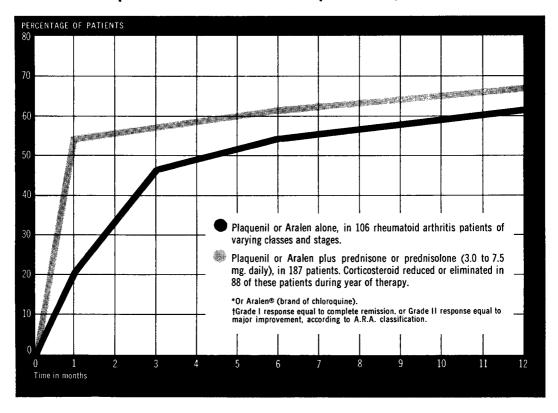
the successor to the tranquilizers
LIBRIUM® Hydrochloride—7-chloro-2-methylamino-5-phenyl-3H-1,4-benzodiazepine 4-oxide hydrochloride



In Rheumatoid Arthritis

Plaquenil spares the steroids

Long-term improvement[†] with Plaquenil^{*} alone is almost equal to that of Plaquenil^{*} plus steroids[†]



Plaquenil sulfate, 200 mg. tablets. Initial dose: 2 or 3 tablets daily. Maintenance dose: 1 or 2 tablets daily. Before prescribing, consult Winthrop's literature for additional information about dosage, possible side effects and contraindications. Plaquenil is also available with aspirin as Planolar® (Plaquenil 60 mg. with aspirin 300 mg.).

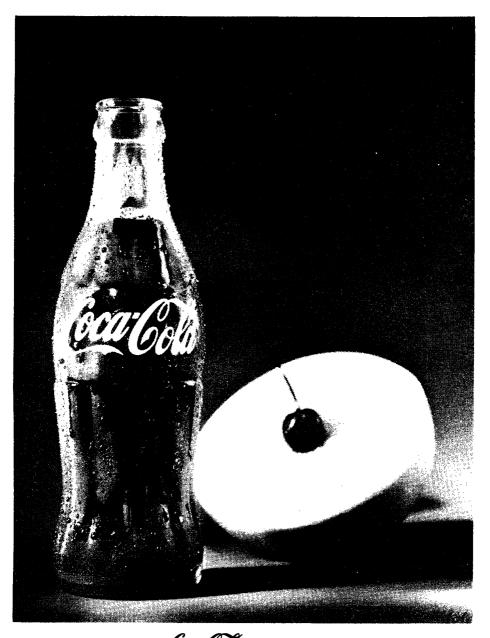


Winthrop LABORATORIES New York 18, N.Y.

1. Graph based on Scherbel, A. L., et al.: Cleveland Clin. Quart. 25:95 (April) 1958.

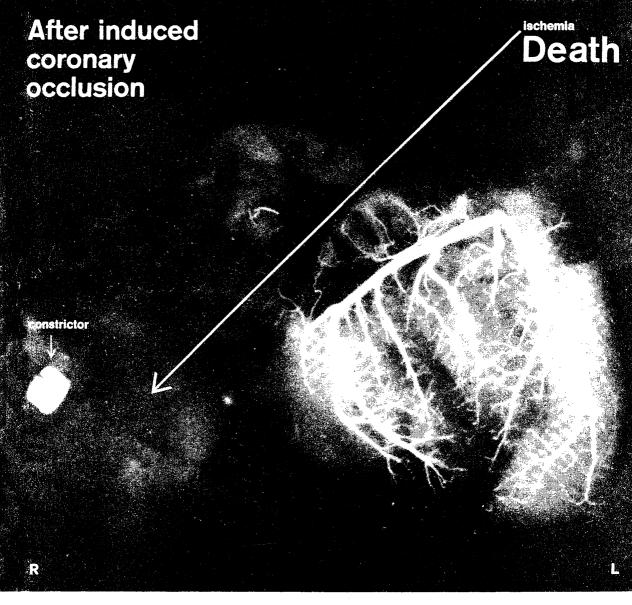
nonsteroid antirheumatic agent for safer, long-term therapy





balanced menu. As a pure, wholesome drink, it provides a bit of quick energy... brings you back refreshed after work or play. It contributes to good health by providing a pleasurable moment's pause from the pace of a busy day.

The Bulletin of The New York Academy of Medicine, Vol. 39, No. 1, January, 1963. Published monthly by The New York Academy of Medicine, 2 East 103 Street, New York 29, N. Y. Entered as second-class matter February 3, 1928, at the Post Office at New York, N. Y., under the act of August 24, 1912. Postage paid at New York, N. Y. Annual subscription United States and Canada \$8.00. All other countries \$9.00. Single copies 90c.



This is the heart of a control (untreated) pig* that died after complete occlusion of the right coronary artery. As in the normal pig heart, there are virtually no connecting channels between right and left arterial systems...radiopaque dye injected into the left coronary artery does not cross into the right coronary system.†

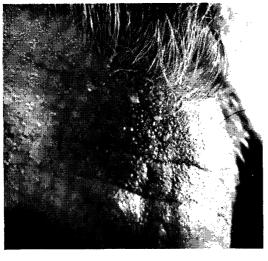
This angiogram is typical of the radiographs of untreated hearts that died when gradual—but **complete**—occlusion of the right coronary artery was induced in 60 pigs. Of the 30 control pigs, only five — 16.7% — survived...

For the first anatomic proof that a specific drug—Peritrate—can encourage development of collateral circulation after induced occlusion of a main coronary artery, please turn the page.

[†]To show the coronary artery system in one plane, the heart was separated medially and opened like a book.



^{*}The pig was used in this study because coronary artery distribution in the pig —more than in the dog or other experimental animals—resembles that of man.2.3









When you see a tense hypertensive patient, you see a candidate for Serpasil

Patients with high blood pressure plus one or more symptoms of tension—restlessness, rapid heart rate, excessive sweating, agitation—benefit from the distinctive calming action of Serpasil. Serpasil shields the tense hypertensive patient from nervousness that raises his blood pressure. The result: pressure goes down, heart rate decreases.

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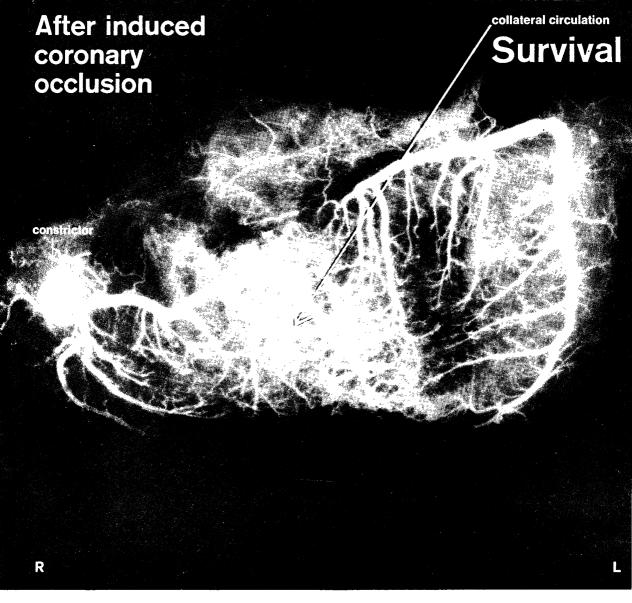
Serpasil is valuable as a primer and background agent; by allowing lower dosage of more potent antihypertensives, Serpasil reduces the incidence and severity of side effects.

SUPPLIED: <u>Tablets</u>, 1 mg. (white, scored), 0.25 mg. (white, scored) and 0.1 mg. (white).

For complete information about Serpasil (including dosage, cautions, and side effects), see current Physicians'
Desk Reference or write CIBA, Summit, N. J.

Serpasil® (reserpine CIBA)

CIBA



This is the heart of a Peritrate-treated pig that survived occlusion of a main coronary artery. Extensive collateral circulation has developed, so that radiopaque dye injected into the left coronary artery fills the right coronary system.

Peritrate made this striking difference in survival rate

five weeks after gradual, but **complete**, occlusion of the right coronary artery.¹

16.7%

of 30 Peritratetreated animals*

survived

63.3%
survived

of 30 untreated

In all Peritrate-treated survivors, collateral circulation appeared to be greater than that found in untreated survivors.

*Animals received Peritrate orally in doses comparable to human doses.

Basic therapy in coronary artery disease —with or without angina

Peritrate®

...encourages development of collateral circulation...brings more blood and oxygen to the myocardium safely

Full dosage information, available on request, should be consulted before initiating therapy.

References: 1. Based on Lumb, G., and Hardy, L. B.: Collateral circulation and survival related to gradual occlusion of the right coronary artery in the pig. Paper presented at the annual meeting of the American Heart Association, Cleveland, Oct. 26, 1962. 2. Blumgart, H., et al.: Circulation 1:10, 1950. 3. Lumb, G., and Singletary, H.: Am. J. Path. 41:65, 1962.

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"relief of symptoms is striking with Rautrax-N"

Rautrax-N decreases blood pressure for almost all patients with mild, moderate or severe essential hypertension. Rautrax-N also offers a new sense of relaxation and well-being in hypertension complicated by anxiety and tension. And in essential hypertension with edema and/or congestive heart failure, Rautrax-N achieves diuresis of sodium and chloride with minimal effects on potassium and other electrolytes.

Rautrax-N combines Raudixin (antihypertensive-tranquilizer) with Naturetin č K (antihypertensive-diuretic) for greater antihyper-

tensive effect and greater effectiveness in relief of hypertensive symptoms than produced by either component alone. Rautrax-N is also flexible (may be prescribed in place of Raudixin or Naturetin \bar{c} K) and economical (only 1 or 2 tablets for maintenance in most patients).

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†Hutchison J. C.: Current Therap. Res. 2:487 (Oct.) 1960.

For full information, see your Squibb Product Reference or Product Brief.

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Squibb Standardized Rauwolfia Serpentina Whole Root (Raudixin) and Bendroflumethiazide (*Naturetin) with Potassium Chloride



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Miltown

Usual dosage: One or two 400 mg. tablets t.i.d. Supplied: 400 mg. scored tablets, 200 mg. sugarcoated tablets; bottles of 50. Also as MEPROTABS®-400 mg. unmarked, coated tablets; and in sustained-release capsules as MEPROSPAN®-400 and MEPROSPAN®-200 (containing respectively 400 mg. and 200 mg. meprobamate).

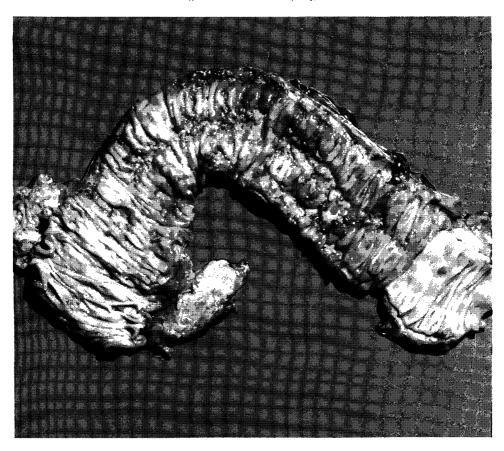
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(paramethasone acetate, Lilly)



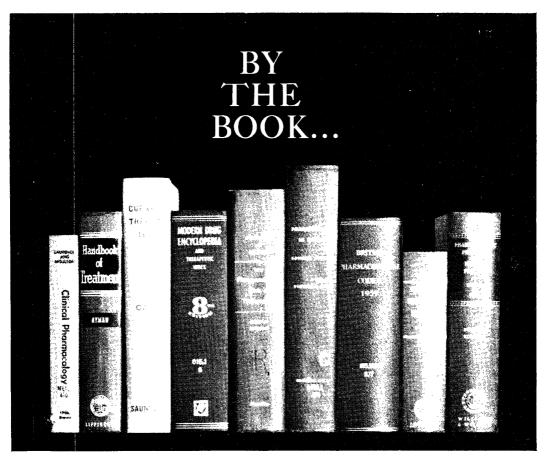
HALDRONE produces rapid suppression of the inflammatory process of ulcerative colitis and maintains the patient symptom-free during periods of remission. In recommended dosage, Haldrone has little or no adverse effect on sodium retention or potassium excretion —a distinct advantage in situations involving long-term treatment.

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Suggested daily dosage in ulcerative colitis:
Initial suppressive dose . 6-12 mg.
Maintenance dose . 3-6 mg.
Supplied in bottles of 30, 100, and 500 tablets:
1 mg., Yellow (scored)
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^{1.} Accumulated Reports from Thirty-Six Clinical Investigators: Lilly Research Laboratories. 2. Irwin, G. W., Priebe, F. H., and Ridolfo, A. S.: Metabolic Effects of Paramethasone Acetate, Metabolism, 10:852, 1961.



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Precautions: It is essential that adequate blood studies be made during treatment with the drug. While blood studies may detect early peripheral blood changes, such as leukopenia or granulocytopenia, before they become irreversible, such studies cannot be relied upon to detect bone marrow depression prior to development of aplastic anemia.

References: (1) Thacher, H. C., & Fishman, L.: J. Maine M. A. 52:84, 1961. (2) Hopkins, E. W.: Postgrad. Med. 29:451, 1961. (3) Hall, W. H.: M. Clin. North America 43:191, 1959. (4) Krugman, S.: Pediat. Clin. North America 8:1199, 1961. (5) Ede, S.;



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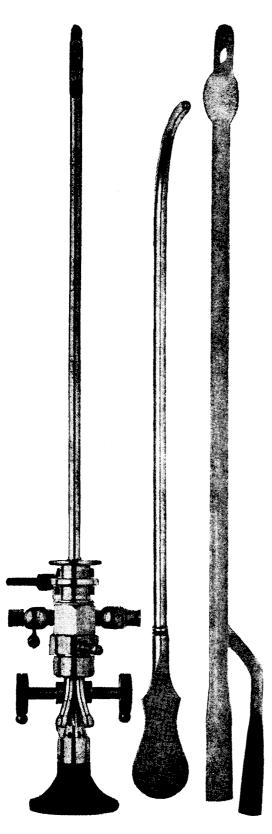
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"lower urinary tract instrumentation carries with it the risk of infection."1

To meet the challenge, "... the use of nonantibiotics, such as ... Furadantin, to prevent urinary infection after such instrumentation as catheterization, cystoscopy and the passage of sounds, appears to be rational. Administration...beginning immediately after instrumentation and continuing for five to seven days should provide a poor culture medium for organisms that might have been carried inadvertently from the urethra into the bladder by a catheter or an instrument."2

In one recent study, Pyrexia Following Cystoscopy, "fifty-six patients received prophylactic antimicrobial agents and only 16 had fever. Forty-one patients did not receive any medication before cystoscopy. and 30 of these experienced fever after evstoscopy. . . . Nitrofurantoin [Furadantin] was employed more frequently than any other chemotherapeutic agent in the study. Ninety-three per cent of the organisms cultured from the urine prior to eys toscopy were sensitive to this agent when it was administered. In 21 per cent of patients who received nitrofurantoin prophyfactically fever developed after cystoscopy. compared to 35 per cent of patients who received other agents, and 73 per cent of patients who did not receive any antimicrobial agents."1

References: 1. Milberg, M. B., and Hermann, H. B. J. Urol. 86:823, 1961. 2. Emmett, J. L.: Rocky Mountain Med. J. 58:31, 1961.

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